

**STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE  
CREDENTIALING DIVISION  
301 CENTENNIAL MALL SOUTH, PO BOX 94986  
LINCOLN, NE 68509-4986**

**REQUEST FOR REISSUANCE OF LICENSE OR CERTIFICATION DOCUMENTS**

NAME: \_\_\_\_\_  
FIRST MIDDLE MAIDEN LAST

ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE

DATE OF BIRTH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

PROFESSION: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

I hereby request reissuance of the following license/certification document(s):

<u>Document Name</u>	<u>Number of Documents Requested</u>
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Check all that apply:

_____ wallet card	_____
_____ wall license	_____
_____ wall certification	_____

Reason(s) for requesting that license/certification document(s) be reissued:

Check one: \_\_\_\_\_ replacement of original document due to loss, mutilation, or destruction  
\_\_\_\_\_ replacement of document due to name change  
\_\_\_\_\_ other (specify) \_\_\_\_\_

**NOTE: YOU MUST SUBMIT \$10.00 FOR EACH REISSUED DOCUMENT REQUESTED.**

**ATTACHED IS THE FOLLOWING TYPE OF PROOF OF IDENTITY:**

Check one: \_\_\_\_\_ copy of current driver's license showing photograph and signature  
\_\_\_\_\_ copy of birth certificate or other legal court documents verifying name change  
\_\_\_\_\_ copy of passport showing photograph and signature  
\_\_\_\_\_ other (specify) \_\_\_\_\_

State of \_\_\_\_\_ ) County of \_\_\_\_\_ )

Affiant, \_\_\_\_\_, hereby solemnly swear that the foregoing statements are true and correct and the documents attached are true copies of original documents. Dated this \_\_\_\_ day of \_\_\_\_\_ of 20\_\_\_\_.

Signature of Licensee: \_\_\_\_\_